

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name The Ear Establishment Address (number and street, city, state, zip code) 109 E. Market St. Non Albang, IN 4715 Owner NA Main St, LLC / Earl F. Hamm, Jr. Owner's Address				Telephone Number (**12*) [Soft blishte total] (**50*2*) [April - 5787] Purpose: 1. Routine 2. Follow-up	Date of Inspection (nm/dd/yr) 3/13/2019 Follow-up Release Date Jo Joseph Summary of Violations;	
Responsible Certified F Testine CRITICAL	Schmide Person's	s E-mai ler P(i RE IDE2	10/2019 - Must provide proof NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS		C	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R						
Beeton	CATC	IX	Narrative Narrative	 	To Be Corrected By	
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Received by (name and title printed): Note: A.J. Ingram (EHS) Received by (signature): Received by (signature): Inspected by (signature):						
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